

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 6 1963

1. PLACE OF DEATH

a. COUNTY

MISSISSIPPI

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ANNISTON

Length of stay in 1b

1 YR

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

RESIDENCE*ANNISTON

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE MISSOURI b. COUNTY MISSISSIPPI admission)

c. CITY

OR TOWN

ANNISTON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

NONE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLAUD

Middle

(NMI)

Last

JENKINS

4. DATE OF DEATH

Month

Day

Year

10-18-1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-9-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Summersville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George W. Jenkins

13b. MOTHER'S MAIDEN NAME

Nancy Mobley

14. NAME OF HUSBAND OR WIFE

Della Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs A. P. Dalton, Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Acute Gr. ART. Occlusion
ART. SCLER. HEART DIS

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

I attended the deceased from Nov. 1962 to Oct. 1963 and last saw him alive on 10.2.63
Death occurred at 10.18.63 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Sikeston, Mo.

22c. DATE SIGNED

10-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-20-1963

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

Summersville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home, Mt. View, Mo. 11-4-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Daniel Fitzgibbon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0670

2 0670

3 1

4 0

5 1

6

7 0

8 2

9 4/200

10

11

12 90-0

13 20

NOV 9 1963

NOV 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John T. J. J. J. J.

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.